



Iowa Department of Transportation

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet of

Law Enforcement Case Numbers:

Legal Intervention?	<input type="checkbox"/>	Private Property?	<input type="checkbox"/>
---------------------	--------------------------	-------------------	--------------------------

County: _____ Route: _____
X-Coordinate: _____



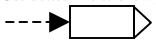

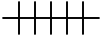




Y-Coordinate:

	If Divided Highway, Provide Route
--	-----------------------------------

	NB	SB	EB	WF
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE TYPE OR PRINT

LOCATION	Date of Accident		Time of Accident		County		Accident occurred within corporate limits of (city)		Intervention? <input type="checkbox"/>		Property? <input type="checkbox"/>							
	If accident occurred outside of city limits show general vicinity								County: _____ Route: _____									
	On Road, Street, or Highway:								At Intersection with:									
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.								X-Coordinate: _____									
LOCATION	Feet or Miles		N NE E SE S SW W NW		Feet or Miles		N NE E SE S SW W NW		Y-Coordinate: _____		If Divided Highway, Provide Route (Cardinal) Travel Direction							
	Milepost Number		Or		Definable intersection, bridge, or railroad crossing						NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>							
UNIT	Driver's Name (Last, First, Middle)				Address								City		State		Zip	
	Age instead of DOB		Driver's License Number				Citation Charge 1. _____ 3. _____											
	Male <input type="radio"/> Female <input type="radio"/>		State		Class		Endorsements		Restrictions		Alcohol Test Given? <input type="checkbox"/> Y/N		1. None 3. Urine 5. Vitreous Test Results: 2. Blood 4. Breath 9. Refused		Drug Test Given? <input type="checkbox"/> Y/N		1. None 3. Urine 2. Blood 9. Refused Pos. <input type="radio"/> Neg. <input type="radio"/>	
	Owner's Name (Last, First, Middle)				Address								City		State		Zip	
	Insurance Co. Name				Insurance Policy #				License Plate #				State		Year			
	VIN #				Year		Make		Model		Style		Tow # <input type="checkbox"/> Private? <input type="checkbox"/> Derive Yes/No		Approximate Cost to Repair or Replace \$			
	Initial Travel Direction		Vehicle Action		Speed Limit		Point of Initial Impact		Most Damaged Area		Extent of Damage		Underride/Override					
	Total Occupants		Traffic Controls		Vehicle Config.		Cargo Body Type		Vehicle Defect		Driver Condition		Vision Obscured		Contributing Circumstances, Driver (up to two)			
	Commercial Trailer License Plate #		Attached to Power Unit:		State		Year		Attached to Trailer Unit:		State		Year		Emergency Vehicle Type		Emergency Status	
	Carrier Name				Address								City		State		Zip	
US DOT # or MC #				Number of Axles		Gross Vehicle Weight Rating		Placard #				Hazardous Materials Released?						
UNIT	Driver's Name (Last, First, Middle)				Address								City		State		Zip	
	Age instead of DOB		Driver's License Number				Citation Charge 1. _____ 3. _____											
	Male <input type="radio"/> Female <input type="radio"/>		State		Class		Endorsements		Restrictions		Alcohol Test Given? <input type="checkbox"/> Y/N		1. None 3. Urine 5. Vitreous Test Results: 2. Blood 4. Breath 9. Refused		Drug Test Given? <input type="checkbox"/> Y/N		1. None 3. Urine 2. Blood 9. Refused Pos. <input type="radio"/> Neg. <input type="radio"/>	
	Owner's Name (Last, First, Middle)				Address								City		State		Zip	
	Insurance Co. Name				Insurance Policy #				License Plate #				State		Year			
	VIN #				Year		Make		Model		Style		Tow # <input type="checkbox"/> Private? <input type="checkbox"/> Derive Yes/No		Approximate Cost to Repair or Replace \$			
	Initial Travel Direction		Vehicle Action		Speed Limit		Point of Initial Impact		Most Damaged Area		Extent of Damage		Underride/Override					
	Total Occupants		Traffic Controls		Vehicle Config.		Cargo Body Type		Vehicle Defect		Driver Condition		Vision Obscured		Contributing Circumstances, Driver (up to two)			
	Commercial Trailer License Plate #		Attached to Power Unit:		State		Year		Attached to Trailer Unit:		State		Year		Emergency Vehicle Type		Emergency Status	
	Carrier Name				Address								City		State		Zip	
US DOT # or MC #				Number of Axles		Gross Vehicle Weight Rating		Placard #				Hazardous Materials Released?						
UNIT	Driver's Name (Last, First, Middle)				Address								City		State		Zip	
	Age instead of DOB		Driver's License Number				Citation Charge 1. _____ 3. _____											
	Male <input type="radio"/> Female <input type="radio"/>		State		Class		Endorsements		Restrictions		Alcohol Test Given? <input type="checkbox"/> Y/N		1. None 3. Urine 5. Vitreous Test Results: 2. Blood 4. Breath 9. Refused		Drug Test Given? <input type="checkbox"/> Y/N		1. None 3. Urine 2. Blood 9. Refused Pos. <input type="radio"/> Neg. <input type="radio"/>	
	Owner's Name (Last, First, Middle)				Address								City		State		Zip	
	Insurance Co. Name				Insurance Policy #				License Plate #				State		Year			
	VIN #				Year		Make		Model		Style		Tow # <input type="checkbox"/> Private? <input type="checkbox"/> Derive Yes/No		Approximate Cost to Repair or Replace \$			
	Initial Travel Direction		Vehicle Action		Speed Limit		Point of Initial Impact		Most Damaged Area		Extent of Damage		Underride/Override					
	Total Occupants		Traffic Controls		Vehicle Config.		Cargo Body Type		Vehicle Defect		Driver Condition		Vision Obscured		Contributing Circumstances, Driver (up to two)			
	Commercial Trailer License Plate #		Attached to Power Unit:		State		Year		Attached to Trailer Unit:		State		Year		Emergency Vehicle Type		Emergency Status	
	Carrier Name				Address								City		State		Zip	
US DOT # or MC #				Number of Axles		Gross Vehicle Weight Rating		Placard #				Hazardous Materials Released?						
If Property other than vehicles damaged explain		Object Damaged				Estimate of Damage \$				Unit 1		Unit 2		SEQUENCE OF EVENTS				
Owner's Full Name (Last, First, Middle)						Was owner or tenant notified? 1 - Yes 9 - Unknown 2 - No				_____		First Event						
Street or RFD						City, State, & Zip Code				_____		Second Event						
ACCIDENT ENVIRONMENT						ROADWAY CHARACTERISTICS				WORKZONE RELATED?		_____		Third Event				
Location of First Harmful Event _____ Weather Conditions (up to two) _____						Major Contributing Circumstances: Environment _____				_____ Yes _____ No		_____		Fourth Event				
Manner of Crash/Collision _____						Roadway _____				_____ Location _____ Type _____		_____		Most Harmful Event (by vehicle)				
Light Conditions _____ Surface Conditions _____						Type of Roadway Junction/Feature _____				_____ Workers Present?		_____		First Harmful Event of Crash (use codes 11-42 only)				

NON-MOTORIST Type <input type="checkbox"/> Location <input type="checkbox"/> Action <input type="checkbox"/> Condition <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Contributing Circumstances <input type="checkbox"/> Unit No. of Vehicle Striking <input type="checkbox"/>		Motorecycle Seating Position 01 - Motorcycle Driver 04 - Motorcycle Passenger 88 - Other (explain in narrative)		SEATING POSITION <table border="1"> <tr><td>01</td><td>02</td><td>03</td></tr> <tr><td>04</td><td>05</td><td>06</td></tr> <tr><td>07</td><td>08</td><td>09</td></tr> </table>		01	02	03	04	05	06	07	08	09	10 - Sleeper Section 11 - Enclosed Cargo Area 12 - Unenclosed Cargo Area 13 - Trailing Unit 14 - Exterior 15 - Pedestrian 16 - Pedalcyclist 17 - Pedalcyclist, passenger 88 - Other (explain in narrative) 99 - Unknown		Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
01	02	03																								
04	05	06																								
07	08	09																								
D R I V E R S	DRIVER OF UNIT 1			Phone																						
				Transported to:		Transported by:																				
	DRIVER OF UNIT 2			Phone																						
				Transported to:		Transported by:																				
P E R S O N S I N J U R E D	Name 1.			Age																						
	Address			Transported to:		Transported by:																				
	Name 2.			Age																						
	Address			Transported to:		Transported by:																				
	Name 3.			Age																						
	Address			Transported to:		Transported by:																				
	Name 4.			Age																						
	Address			Transported to:		Transported by:																				
D I A G R A M	DIAGRAM WHAT HAPPENED: Instruction Number each vehicle and show direction of travel by arrow:  Use solid line to show path before accident.:  Use dotted line to show path after accident.:  Show pedestrian by.:  Show railroad by.:  Show utility poles by.:  Show motorcycles by.:  Show animal by.: 																INDICATE NORTH 									
	N A R R A T I V E	Describe what happened (refer to vehicles by number)																								
	W I T N E S S	Name (Last, First)			Street or RFD			City			State			Zip			Phone									
Signature of Officer				Badge No.			Time Officer Notified of Accident				Time Officer Arrived At Scene															
							Hrs.				Hrs.															
Name of Agency				Date of Report		Investigation made at scene? Y N		Supplemental Information Will Follow? Y N		T.I. #																
Report Reviewed by				Date Reviewed		Agency Specific		Other Technical Investigating Agency																		